

08-02-06

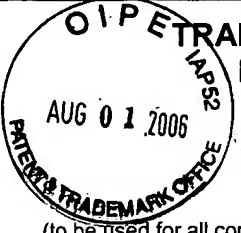
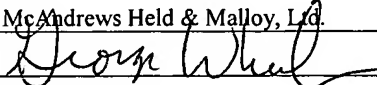
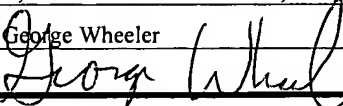
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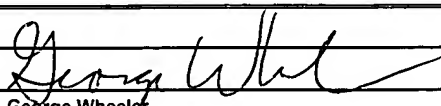
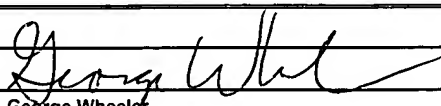
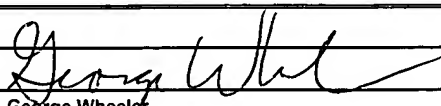
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|  <p>(to be used for all correspondence after initial filing)</p>  |  | Application Number  |  | 10/624,810  |  |           |  |
|  |  | Filing Date   |  | July 22, 2003   |  |           |  |
|  |  | First Named Inventor  |  | Jack Dunnous et al.   |  |           |  |
|  |  | Art Unit  |  | 1762  |  |           |  |
|  |  | Examiner Name   |  | David P. Turocy   |  |           |  |
| Total Number of Pages in This Submission   |  | 13  |  | Attorney Docket Number  |  | 16375US02 |  |
| <b>ENCLOSURES (check all that apply)</b>   |  |   |  |   |  |           |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD |  | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return-Receipt Postcard<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |  |           |  |
| Remarks  |  |   |  |   |  |           |  |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |  |   |  |   |  |           |  |
| Firm   |  | McAndrews Held & Malloy, Ltd.   |  |   |  |           |  |
| Signature  |  |    |  |   |  |           |  |
| Printed Name   |  | George Wheeler  |  |   |  |           |  |
| Date   |  | August 1, 2006  |  |   |  |           |  |
| <b>CERTIFICATE OF MAILING</b>  |  |   |  |   |  |           |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 1, 2006   |  |   |  |   |  |           |  |
| Name (Print/type)  |  | George Wheeler  |  | Registration No. (Attorney/Agent)   |  | 28,766    |  |
| Signature  |  |    |  | Date  |  | 08-01-06  |  |

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| <p><b>PTO</b></p> <p><b>FEE TRANSMITTAL</b></p> <p><b>for FY 2006</b></p> <p><small>See pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</small></p> <p><small>APPLICANT'S TRADEMARK</small></p> <p><small>AUG 01 2006</small></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |   | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/624,810</td> </tr> <tr> <td>Filing Date</td> <td>July 22, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jack Dunnous et al.</td> </tr> <tr> <td>Examiner Name</td> <td>David P. Turocy</td> </tr> <tr> <td>Art Unit</td> <td>6636</td> </tr> <tr> <td>Attorney Docket No.</td> <td>16375US02</td> </tr> </table> |               | Application Number        | 10/624,810  | Filing Date   | July 22, 2003 | First Named Inventor                       | Jack Dunnous et al.                     | Examiner Name     | David P. Turocy                    | Art Unit   | 6636                 | Attorney Docket No. | 16375US02                 |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
|--|---|--|---------------|---------------------------|---|---|---------------|--|---|-------------------|------------------------------------|--|----------------------|---------------------|---------------------------|---------|----------------------|--------------|--------------|---------|---------------|---------------------------|-----|---------------|-----------------|----------|-----------|---------------|-----|----|-----|---------------|--------------|---------|---------------|----------------|-----|-----|-----|----|-------|---------|-----|-----|-----|-----|-----|-----|-------|-------------|-----|-----|---|---|---|---|-------|
| Application Number   | 10/624,810  |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
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| First Named Inventor   | Jack Dunnous et al.   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Examiner Name  | David P. Turocy   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Art Unit   | 6636  |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Attorney Docket No.  | 16375US02   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 450.00</p>  |   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check          <input type="checkbox"/> Credit Card          <input type="checkbox"/> Money Order          <input type="checkbox"/> None          <input type="checkbox"/> Other (please identify): _____       </p> <p> <input checked="" type="checkbox"/> Deposit Account          Deposit Account Number: <u>13-0017</u>          Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge Fee(s) indicated below          <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)          <input checked="" type="checkbox"/> Credit any overpayments       </p> <p>under 37 CFR 1.16 and 1.17</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>   |   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)</p>   |   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid(\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>  |   |  |               | Application Type          | FILING FEES   |   | SEARCH FEES   |  | EXAMINATION FEES                        |                   | Fees Paid(\$)                      | Fee (\$)   | Small Entity Fee(\$) | Fee(\$)             | Small Entity Fee(\$)      | Fee(\$) | Small Entity Fee(\$) | Utility      | 300          | 150     | 500           | 250                       | 200 | 100           | _____           | Design   | 200       | 100           | 100 | 50 | 130 | 65            | _____        | Plant   | 200           | 100            | 300 | 150 | 160 | 80 | _____ | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ | Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| Application Type   | FILING FEES   |  | SEARCH FEES   |                           | EXAMINATION FEES  |   | Fees Paid(\$) |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
|  | Fee (\$)  | Small Entity Fee(\$)   | Fee(\$)       | Small Entity Fee(\$)      | Fee(\$)   | Small Entity Fee(\$)  |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Utility  | 300   | 150  | 500           | 250                       | 200   | 100   | _____         |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Design   | 200   | 100  | 100           | 50                        | 130   | 65  | _____         |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Plant  | 200   | 100  | 300           | 150                       | 160   | 80  | _____         |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Reissue  | 300   | 150  | 500           | 250                       | 600   | 300   | _____         |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Provisional  | 200   | 100  | 0             | 0                         | 0   | 0   | _____         |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>2. EXCESS CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Fee Description</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee(\$)</th> <th>Fee(\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee(\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ -20 or HP</td> <td><u>9</u></td> <td><u>50</u></td> <td><u>450.00</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>HP = highest number of total claims paid for, if greater than 20</p><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee(\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ -3 or HP</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>HP = highest number of independent claims paid for, if greater than 3</p> |   |  |               | Fee Description           | Small Entity  |   | Fee(\$)       | Fee(\$)                                    | Each claim over 20 (including Reissues) | 50                | 25                                 | Each independent claim over 3 (including Reissues) | 200                  | 100                 | Multiple dependent claims | 360     | 180                  | Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) | _____ -20 or HP | <u>9</u> | <u>50</u> | <u>450.00</u> |     |    |     | Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | _____ -3 or HP |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Fee Description  | Small Entity  |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
|  | Fee(\$)   | Fee(\$)  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Each claim over 20 (including Reissues)  | 50  | 25   |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Each independent claim over 3 (including Reissues)   | 200   | 100  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Multiple dependent claims  | 360   | 180  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Total Claims   | Extra Claims  | Fee(\$)  | Fee Paid (\$) | Multiple Dependent Claims | Fee   | Fee Paid (\$)   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| _____ -20 or HP  | <u>9</u>  | <u>50</u>  | <u>450.00</u> |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Indep. Claims  | Extra Claims  | Fee(\$)  | Fee Paid (\$) |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| _____ -3 or HP   |   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>_____ -100</td> <td>_____ /50</td> <td>_____ (round up to a whole number)</td> <td>x _____</td> <td>= _____</td> </tr> </tbody> </table>   |   |  |               | Total Sheets              | Extra Sheets  | Number of each additional 50 or fraction thereof                | Fee(\$)       | Fee Paid(\$)                               | _____ -100                              | _____ /50         | _____ (round up to a whole number) | x _____  | = _____              |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Total Sheets   | Extra Sheets  | Number of each additional 50 or fraction thereof   | Fee(\$)       | Fee Paid(\$)              |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| _____ -100   | _____ /50   | _____ (round up to a whole number)   | x _____       | = _____                   |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>4. OTHER FEE(S)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>Non-English Specification, \$130 fee (no small entity discount)</td> <td>_____</td> </tr> <tr> <td>Other (e.g., late filing surcharge): _____</td> <td>_____</td> </tr> </tbody> </table>  |   |  |               |                           | Fee Paid(\$)  | Non-English Specification, \$130 fee (no small entity discount) | _____         | Other (e.g., late filing surcharge): _____ | _____                                   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
|  | Fee Paid(\$)  |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Non-English Specification, \$130 fee (no small entity discount)  | _____   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Other (e.g., late filing surcharge): _____   | _____   |  |               |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%;"></td> <td style="width: 10%;">Registration No. (Attorney/Agent)</td> <td style="width: 10%;">28,766</td> <td style="width: 10%;">Telephone</td> <td style="width: 10%;">(312)775-8000</td> </tr> <tr> <td>Name (print/type)</td> <td>George Wheeler</td> <td>Date</td> <td>08-01-06</td> <td colspan="2"></td> </tr> </table>   |   |  |               | Signature                 |  | Registration No. (Attorney/Agent)                               | 28,766        | Telephone                                  | (312)775-8000                           | Name (print/type) | George Wheeler                     | Date   | 08-01-06             |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Signature  |  | Registration No. (Attorney/Agent)  | 28,766        | Telephone                 | (312)775-8000   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |
| Name (print/type)  | George Wheeler  | Date   | 08-01-06      |                           |   |   |               |  |   |                   |                                    |  |                      |                     |                           |         |                      |              |              |         |               |                           |     |               |                 |          |           |               |     |    |     |               |              |         |               |                |     |     |     |    |       |         |     |     |     |     |     |     |       |             |     |     |   |   |   |   |       |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Attorney Docket No. 16375US02)

In the Application of: Jack Dunnous, et al.

U.S. Serial No.: 10/624,810

Filed: July 22, 2003

For: METHOD AND APPARATUS FOR  
PRODUCING MULTI-COLOR  
CONCRETE

Examiner: David P. Turocy

Group Art Unit: 1762

Express Mail No.:

EV 164039395 US

Date of Deposit:

August 1, 2006

**RESPONSE TO FINAL ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper responds to the final Office Action in the above-entitled application, mailed June 15, 2006. This Response is the submission accompanying a Request for Continued Examination in this application.

**Amendments to the Claims** begin on page two of this paper.

**Remarks** begin on page 10 of this paper.

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